## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

## PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## OCUMENT # M66921

1. Corporation Name

## FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90055 040 \*\*\*150.00

i. Corporatio	on Manie							
l 		Mailing Address  N.E. 26 766 PLACIDO WAY INSURE Apt. #, etc. 27 City & State FL 28 ST. PETERSBURG, INSURE Apt. # 29 33704 30 PINELI  of Current Registered Agent  E. 29 33704 30 PINELI  of Current Registered Agent  81 Name			. 10% staller -			
Principal Place	of Business	Mailing Address						
•								
					DO NOT WRITE	IN THIS SPA	ACE	
					3. Date Incorporated or Qualified			
		Mailing Address    DO NOT WRITE IN THIS SPACE						
				v m r				<u> </u>
			O WA	Y IN . E	5. 59-2903121 V			
22 Suite, Apt.	#, <del>6</del> tc.	<b>—</b>			5. Certificate of Status Desired			
City & Star	te	<u> </u>			6. Election Campaign Financing			
23 ST. PETERSBURG, FL 28 ST. PE'			BURG	, FL	Trust Fund Contribution			
Zip	Country						angible Pe	_
<b>24</b> 33704		<del></del>	LETNI	<u> LLA</u>		<u> </u>		_No
	9. Name and Address of Current	Registered Agent	OO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified FEBRUARY 3, 1988  dress LACIDO WAY N.E. 59-2903721					
		DO NOT WRITE IN THIS SPACE						
WILLIAM C. WEST					Idress (P.O. Box Number is Not Accepta	able)		
				<b> </b> -				
766 PLACIDO WAY N.E.								
ST. PE	TERSBURG, FL 33	704	84	City	<del></del>	FI	85 Zip C	ode
							oina ita	
registered	l office excepistered agent, or both, in	the State of Florida. Such cha	ange was	authorize	by the corporation's board of directors	. I hereby ac	cept the a	appointment
as registe	reli agent. Nem familiar with, and acce	p the obligations of Section	607.0505	i, Florida S	Statutes.	2,2	<b>ጓ</b> -ኇኇ	
SIGNATURE	Museume	ed goest and title if applicable	MOTE	: Desistere	d Agent cignature required when reinstating)			
12.			•	. Neujoteie				S IN 12
TITLE	PRESIDENT		1.1 TITLE					
NAME	WILLIAM C. WEST		1.2 NAME			_	_ `	_
STREET ADDRESS	766 PLACIDO WAY		1.3 STREET ADDRESS					
CITY - ST - ZIP	ST. PETERSBURG,	<u>FL 33704</u>	1.4 CITY -	ST - ZIP				
TITLE		DELETE	2.1 TITLE				Change	Addition
NAME								
STREET ADDRESS								
CITY - ST - ZIP		Increte					Channe	Addition
TITLE NAME				1		_		
STREET ADDRESS								
CITY - ST - ZIP	`							
TITLE		DELETE	4.1 TITLE			-	Change	Addition
NAME		ر _	4.2 NAME			_	_ `	_
STREET ADDRESS			4.3 STREE	ET ADDRESS				
CITY - ST - ZIP			4.4 CITY -	ST - ZIP				
TITLE		DELETE	5.1 TITLE		<del></del>	_ [	Change	Addition
NAME								
STREET ADDRESS								
CITY - ST - ZIP								
TITLE		DELETE				L	Change	Addition
NAME	1							
STREET ADDRESS CITY - ST - ZIP								
O111-01-4F	L		0.4 0111	41 - TL				

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of title corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if pranged, or on a mattachment with an address, with all other like empowered.

**SIGNATURE:** 

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-99 727-577-2296

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Daytime Phone #